



Greene County PLUMBING APPLICATION

BUILDING, PLANNING & ZONING
706-453-3333
fax 706-453-2579
1034 Silver Dr
Suite 103
M-F 8am-5pm

OFFICE USE ONLY

Permit Number: _____ Permit Fee: _____ Date Approved: _____

OWNER INFORMATION

Owner/Builder Name: _____ Phone: _____
Job Address: _____ Cell: _____
Subdivision: _____
City/State: _____ ZIP: _____

CONTRACTOR INFORMATION

Contractor Name: _____ Phone: _____
Contractor Address: _____ Cell: _____
City/State: _____ ZIP: _____ Fax: _____
Email: _____ Ga. State Certification No. _____
Business License No. _____ County of Issue: _____

(Copy of driver's license, business license and certification card must be provided.)

BASE FEE IS \$50.00 PLUS \$5.00 PER FIXTURE

Re-inspection Fee--\$100.00

CLASSIFICATION	NUMBER	FEE
Water closets		
Lavatories		
Sinks		
Bath tubs		
Showers		
Water heaters		
Dishwashers		
Floor drains		
Icemaker		
Laundry tubs		
Lawn sprinklers		
Pressure Reducing Valve		
Hot Tub/Whirlpool/Jacuzzi		
Washing machines		
Mechanical vents		
Grease traps		

CLASSIFICATION	NUMBER	FEE
Back low preventers		
Church Baptisteries		
Drinking fountains		
Urinals		
Interceptors		
Hot water circulator		
Sump pumps		
Roof drains		
Water service all		
Sewer ejectors		
Other fixtures		
TOTAL FEE		

**GAS WILL BE PERMITTED SEPARATELY

Contractor/Homeowner Signature: _____ Date: _____

(homeowner must sign affidavit)